## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO. 0037-0212P

(Status - patented, pending, abandoned)

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

EVACUABLE VALVE, EVACUABLE BAG, and PRODUCTION PROCESS THEREOF

the specification of which is attached hereto. If not attached hereto,

Fill in Appropriate Information For Use
Without
Specification
Attached:

(Application Number)

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the specification was filed on	as
United States Application Number	
and amended on	( if applicable); and/or
the specification was filed on	as PCT
International Application Number	; and was
amended on	(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

	I hereby claim foreign priority or inventor's certificate listed below a filing date before that of the applic	and have also identified bel				
Insert Priority Information: (if appropriate)	Prior Foreign Application(s) 2002-378780	Japan	12/27/2002	Priority	Claimed	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No □	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No.	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No	
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.  (Application Number)  (Filing Date)					
	(Application Number)  All Foreign Applications, if any, for the Filing Date of this Application:	any Patent or Inventor's Ce	rtificate Filed more than 12 months	(Filing Date)	s) Prior to	
Insert Requested Information: (if appropriate)	Country		Application Number	Date of Filing (Month /	Day / Year)	
Insert Prior U.S.	I hereby claim the benefit under Title insofar as the subject matter of each of in the manner provided by the first p which is material to patentability as filing date of the prior application ar	of the claims of this applicate paragraph of Title 35, Unite defined in Title 37, Code	ion is not disclosed in the prior Unit d States Code, §112, I acknowledge of Federal Regulations, §1.56 which	ted States and/or PCT at the duty to disclose in the became available be	application nformation	
Application(s):	(Application Number)	(Filing D	ate) (Status - p	atented, pending, abandone	:d)	

(Filing Date)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

DATE OF SIGNATURE

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

YOU MUST COMPLETE THE FOLLOWING: Pull Name of First or FAMILY NAME INVENTOR'S SIGNATURE DATE\* **GIVEN NAME** Sole Inventor. Insert Name of Inventor LOYA NAGI Yoshihiro KOYANAGI Yoshihiro ert Date This Document is Signed CITIZENSHIP Residence (City, State & Country) Insert Residence Japanese Kashiwara-shi, Osaka, Japan Insert Citizenship MAILING ADDRESS (Complete Street Address including City, State & Country) Insert Mailing 13-5, Taiheiji 1-chome, Kashiwara-shi, Address INVENTOR'S SIGNATURE DATE\* GIVEN NAME FAMILY NAME Full Name of Second Inventor, if any: Residence (City, State & Country) CITIZENSHIP see above MAILING ADDRESS (Complete Street Address including City, State & Country) INVENTOR'S SIGNATURE DATE\* GIVEN NAME FAMILY NAME Full Name of Third Inventor, if any Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) INVENTOR'S SIGNATURE DATE' **FAMILY NAME** Full Name of Fourth **GIVEN NAME** Inventor, if any Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Fifth GIVEN NAME **FAMILY NAME** INVENTOR'S SIGNATURE DATE: Inventor, if any see above CITIZENSHIP Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) Page 2 of 2 (Revised 01/02)